## ESTATE BOVONI – TUTU HI-RISE WEED AND SEED

## **GROVE PLACE WEED AND SEED**

Tel# 340-776-1525 STT 340-201-9097 STX



## **YOUTH MENTOR APPLICATION**

DRUG EDUCATION FOR YOUTH

<b>Coordinator Use Only</b>	
Date Received:	
Application #:	

Mentor's Name:	Please typ	oe or print legibl	y – To be com	pleted by Parei	nt or Guardian
Mentor's Email Address:  Name of Mentor's School:  Last Grade attended Promoted Retained  Father's Name:  Father's Address:  Work Phone: ( ) Home Phone: ( ) Email Address:  Mother's Name:  Mother's Name:  Legal Guardian's Name:  Legal Guardian's Name:  Legal Guardian's Address:  Fereight Guardian's Address:  By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp School - Year Mentoring Component. I also agree to participate in any and all program measures of effects unveys, and questionnaires to further improve the quality of the Program.	Mentor's Name:			Age	DOB://
Name of Mentor's School:  Last Grade attended Promoted Retained  Father's Name:  Father's Address:  Work Phone: ( ) Home Phone: ( )  Email Address:  Mother's Name:  Mother's Name:  Legal Guardian's Name:  Legal Guardian's Name:  Legal Guardian's Name:  Legal Guardian's Address:  Previous DEFY Attendance Yes No Where  By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp School - Year Mentoring Component. I also agree to participate in any and all program measures of effects surveys, and questionnaires to further improve the quality of the Program.	Mentor's Address:				
Last Grade attended	Mentor's Email Address:				
Last Grade attended	Name of Mentor's School:				
Father's Address:					
Father's Address:	Father's Name:				
Work Phone: ( ) Home Phone: ( )					
Mother's Name:					
Mother's Address:	Email Address:				
Mother's Work Phone: ( ) Home Phone: ()	Mother's Name:				
Mother's Work Phone: ( ) Home Phone: ()	Mother's Address:				
Legal Guardian's Name:					
Legal Guardian's Address:  Guardians Work Phone: () Home Phone: ()  Email Address:  Previous DEFY Attendance Yes No Where  By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp School - Year Mentoring Component. I also agree to participate in any and all program measures of effects surveys, and questionnaires to further improve the quality of the Program.	Email Address:				
Legal Guardian's Address:  Guardians Work Phone: () Home Phone: ()  Email Address:  Previous DEFY Attendance Yes No Where  By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp School - Year Mentoring Component. I also agree to participate in any and all program measures of effects surveys, and questionnaires to further improve the quality of the Program.	Legal Guardian's Name:				
Guardians Work Phone: ()					
Previous DEFY Attendance  Yes No Where  By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp School - Year Mentoring Component. I also agree to participate in any and all program measures of effects surveys, and questionnaires to further improve the quality of the Program.					
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School - Year Mentoring Component. I also agree to participate in any and all program measures of effects surveys, and questionnaires to further improve the quality of the Program.	Previous DEFY Attendance	Yes	No	Where _	
Signature Date	School - Year Mentoring Component.	I also agree to	o participate i	n any and all	
	Signature			Date	